

FOR OFFICE USE ONLY:

Job Number/Title _____

PRIMARY CONTACT _____

Assigned To _____

Phone _____

Date _____

E-mail _____

Project Request _____

Date Needed _____



GARDNER-WEBB
UNIVERSITY

Photo/Video/Audio Release Form

GARDNER-WEBB UNIVERSITY
110 SOUTH MAIN STREET, BOILING SPRINGS, NC 28017

Permission to Use Photograph/Video/Sound

Subject Name _____

I grant to Gardner-Webb University, its representatives and employees the right to take and/or use photographs/images/sound files of me and my property (or photos/videos/sound files I created). I authorize Gardner-Webb its designees and transferees to copyright, use and publish the same in print/video and/or electronically.

I agree that Gardner-Webb University may use such with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed Name _____

Organization Name (if applicable) _____

Address _____

Date ____/____/____

Signature _____

Signature of Parent or Guardian (if under age 18) _____